



As a **JCAHO Certified Health Care Staffing Service**, The Nurse Agency is required to evaluate our nurses on an annual basis. Please take this form with you to your next shift and ask the Charge RN or Unit Manager to fax it to us at **(773) 779-8866** upon completion of your shift. **Thank you! Please note: This form is not to be utilized at Northwestern Memorial Hospital or John Stroger Hospital.**

RN Name: _____

Hospital/Unit: _____

Hospital Representative Name: _____

Date Worked: _____

Please take a moment to evaluate this employee using the key below.

Rating Competency

- _____ Plans patient care appropriately.
- _____ Performs appropriate patient assessment and documentation.
- _____ Delivers age appropriate care which addresses patients' cultural and spiritual needs.
- _____ Communicates patient responses to treatment plan.
- _____ Charting is timely, appropriate and legible.
- _____ Prioritizes patient needs effectively.
- _____ Prioritizes interventions.
- _____ Reports significant findings.
- _____ Possesses knowledge of and complies with hospital policy and procedure.
- _____ Seeks guidance when needed.
- _____ Time management skills.
- _____ Demonstrates competency in safe and effective use of equipment.
- _____ Ability to handle patient assignment.
- _____ Completes assigned tasks in a timely fashion.
- _____ Seeks clarification regarding report and assignment.
- _____ Accepts supervision and direction.
- _____ Maintains HIPPA privacy and confidentiality policies.
- _____ Demonstrates caring and respectful attitude towards patient/family.
- _____ Works well with other staff and volunteers assistance when needed.
- _____ Adheres to dress code.
- _____ Arrives on time.

Key
1 = Exceeds Expectations
2 = Meets Expectations
3 = Needs Assistance
4 = Below Expectations